thickly studded with nodules, which were rather larger than those in the left lung, several of them being half an inch in diameter. The right pleura was quite normal, the white colour of the nodules, which were superficially situated, being apparent through it; these projected from the surface of the lung, their free surfaces being flattened. The pulmonary tissue surrounding the cancerous masses was quite healthy. The bronchial glands were enlarged, hard, and infiltrated. The brain, liver, kidneys, and all the other organs appeared to be quite healthy.

Remarks.—The absence of any family history of cancerous diathesis, the want of physical signs, and the obscurity of the symptoms, render this case of considerable interest apart from its extreme rarity. The absence of dulness is explained by the fact that the air-cells surrounding the nodules were permeable to air, and therefore perfectly resonant on percussion. Moreover, Dr. Beigel states: "The tissues surrounding the cancerous nodules lose their contractility, and would give a tympanitic sound, if its tympanitic character were not injured by the solid nature of the newly-formed nodules." The lack of symptoms indicating extensive disease of the lungs is also accounted for by the normal condition of the lung-substance surrounding the nodules. Dr. Bennett asserts that these nodules push aside the surrounding tissues, and may remain for an indefinite time without exciting inflammation or causing derangement of function. Although in this case some malignant affection was suspected, it was solely from the emaciated and cachectic appearance of the child.

I may add that the mother improved rapidly under treatment, and left the hospital in six weeks almost well.

Guildford.

DESCRIPTION OF A NEW EUSTACHIAN CATHETER.

By ALEXANDER MORISON, M.B. EDIN.

It has been truly remarked that the inventive ingenuity of a surgeon in the production of new instruments for old purposes stands, as a rule, in an inverse ratio to his operative dexterity; and my excuse for introducing to the notice of the profession a modification of the Eustachian catheter usually known as Kramer's must rest in the fact that, even after considerable experience in the use of this instrument, and after one has successfully catheterised a given case at one sitting, before hitting the faucial orifice of the Eustachian tube on subsequent occasions time is not unfrequently lost, and the patient's nares and throat are rendered irritable by repeated endeavours to place the catheter in position. To obviate these inconveniences, I have had constructed by Messrs. Arnold and Sons, of West Smithfield, the instrument to be described.

Note.—The woodcut does not illustrate the text aright owing to a blunder on the part of the engraver.—A. M.

The most usual form of silver Eustachian catheter is graduated in inches and eighths of an inch (not a new idea); and about an inch and a half from the dilated end of the tube there is a furrow for the reception of a silver circlet, graduated from 0° to 90°, and having a miniature plumb depending from it to mark the perpendicular. This circlet can be removed and fitted on to any number of catheters constructed with the aforesaid groove. On the same side as the curve of the instrument a spike or indicator springs from the catheter immediately behind the circlet, so that when the instrument is turned into position, by finding the perpendicular with the plumb, the exact angle at which the catheter is placed is indicated upon the graduated circlet. By means of this instrument, therefore, two points are de-

termined—namely, the depth at which the orifice of the Eustachian tube is situated from the external nares, and the number of degrees the catheter has to be revolved in order to enter that orifice. The angle should be taken not merely when air enters the tympanic cavity, as determined by the diagnostic tube, but when it enters in the fullest stream. The above points being noted at a first sitting, one has no difficulty in quickly placing the instrument in position on any subsequent occasion.

I have practically tested the utility of this catheter, and can imagine its proving useful to the expert, and rendering catheterisation of the Eustachian tube a very simple process to those who have less frequently to perform that operation.

Canonbury, N.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

FRACTURE OF THIGH, OF BOTH CONDYLES AND OF THE BODY OF LOWER JAW, AND OF THE THYROID AND CRICOID CARTILAGES; LARYNGITIS; LARYNGOTOMY; PNEUMONIA; DEATH.

(Under the care of Mr. ROYES BELL.)

FOR the notes of this extremely interesting and complicated case we are indebted to Mr. Duncan, surgical registrar.

Thomas W—, aged twenty-five, admitted into Fisk ward, Sept. 11th, 1876, for injuries resulting from a fall. The patient was employed at the New Law Courts. Whilst in the act of stepping from one part of the scaffolding to another, he missed his footing, and fell a distance of thirty feet. He was picked up in a state of insensibility, and brought to the hospital, where it was found that he had sustained a fracture of the thigh, and other injuries. About an hour afterwards he had recovered consciousness somewhat. He was bleeding from the left ear and nose; the pupils were equal, and reacted to light. A long Liston splint was applied temporarily to the thigh. The hæmorrhage from the left ear and nose had ceased at night; that from the ear amounted to about half an ounce. No discharge of serous fluid succeeded the hæmorrhage.

Next day he had completely recovered consciousness, but he could not hear a watch ticking on the left side, even placed close to the ear. The pupils were equal, and reacted to light. Passed urine freely.

There was a deep cut on the point of the chin, extending inwards for about an inch, but not leading down to the lower jaw. There was also a superficial cut on the middle of the lower lip. On looking into the mouth, the lower jaw was seen to be bodily displaced backwards for at least a quarter of an inch behind the upper. There was also a slight lateral displacement to the left side, so that the right central incisor tooth occupied the middle line. The body of the jaw was freely movable on an antero-posterior plane. As the fracture could not be precisely made out, chloroform was administered, and a fracture was found to have occurred through the neck of the lower jaw on the left side. There was marked crepitus here. At the corresponding site on the opposite side, a peculiar crepitus, as if some muscle were interposed between two bony surfaces, was also present. No abnormal movement or crepitus was obtainable through the right half of the body of the bone. No apparent injury to the left external auditory meatus.

The patient had no dyspnoea or hæmoptysis, nor did he complain of pain, or draw any attention to his laryngeal region. Th voice was somewhat husky. The right thigh was fractured at the junction of the middle and lower